

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEFFERSON REGIONAL FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 565 COAL VALLEY ROAD City or town, state or province, country, and ZIP or foreign postal code JEFFERSON HILLS, PA 15025 F Name and address of principal officer: CHARLES R. MODISPACHER SAME AS C ABOVE	D Employer identification number 56-2420913 E Telephone number (412) 267-6771 G Gross receipts \$ 46,582,493. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JEFFERSONRF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 2003
		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	22
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	8
9		Program service revenue (Part VIII, line 2g)	9	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	6,289,272.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	6,289,272.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	521,929.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	560,946.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	3,869,325.
	19	Revenue less expenses. Subtract line 18 from line 12	19	2,419,947.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20	101,736,763.
	21	Total liabilities (Part X, line 26)	21	1,183,084.
	22	Net assets or fund balances. Subtract line 21 from line 20	22	100,553,679.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHARLES R. MODISPACHER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARK HEROUX	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00959793
	Firm's name ▶ BAKER TILLY US, LLP Firm's address ▶ 205 N. MICHIGAN AVE. #2800 CHICAGO, IL 60601-5927	Firm's EIN ▶ 39-0859910 Phone no. 312.729.8000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE JEFFERSON REGIONAL FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION AND OUTREACH. CONTINUED ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,324,000. including grants of \$ 1,324,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEEDS TO STRENGTHEN CAPACITY BUILDING, EARLY CHILDHOOD AND YOUTH DEVELOPMENT, AND HEALTH AND WELLNESS, THE JEFFERSON REGIONAL FOUNDATION AWARDED 16 NEW GRANTS WITH AN AVERAGE GRANT AMOUNT OF \$83,000. THE FOUNDATION IMPLEMENTED SIX GRANT PRIORITIES IN JANUARY 2021 AS PART OF A NEW STRATEGIC PLAN, AND THESE THREE PRIORITIES BUILT MOST CLOSELY UPON THE OUTCOMES OF PREVIOUS AWARDS SINCE THE INCEPTION OF FOUNDATION GRANTMAKING IN 2014. SEVERAL GRANTS SUPPORTED PROMISING COMMUNITY HEALTH PARTNERSHIPS, GLOBAL LINKS (\$50,000) REDISTRIBUTES MEDICAL SUPPLIES THROUGH PARTNERSHIPS WITH OTHER NONPROFITS WHILE CONNECT (\$100,000/2 YRS.) IS BUILDING A MULTI-MUNICIPAL COLLABORATION FOR ADDRESSING COMMUNITY HEALTH ISSUES SUCH AS REFERRALS FOR SUBSTANCE ABUSE, AND AGE-FRIENDLY

4b (Code:) (Expenses \$ 953,000. including grants of \$ 953,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEEDS TO STRENGTHEN CIVIC ENGAGEMENT AND POLICY WORK, DIVERSITY, EQUITY AND INCLUSION, AND WORKFORCE AND ECONOMIC OPPORTUNITY, THE JEFFERSON REGIONAL FOUNDATION AWARDED 12 NEW GRANTS WITH AN AVERAGE GRANT AMOUNT OF \$78,500. THESE PRIORITIES WERE AMONG SIX NEW PRIORITIES THE FOUNDATION IMPLEMENTED IN JANUARY 2021 AS PART OF A THREE-YEAR STRATEGIC PLAN AND REPRESENT AN EXPANDED RECOGNITION AND COMMITMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. A SIGNIFICANT NUMBER OF PROJECTS ADVANCE A FOCUS ON DIVERSITY, EQUITY, AND INCLUSION (DEI). THE LARGEST IS A TWO-YEAR (\$195,000) COMMITMENT TO THE LATINO COMMUNITY CENTER TO EXPAND FAMILY SERVICES AND EDUCATIONAL PROGRAMS TO THE GROWING LATINX POPULATION IN THE JEFFERSON AREA. OTHER

4c (Code:) (Expenses \$ 700,000. including grants of \$ 700,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO ADDRESS THE COVID-19 PANDEMIC, DURING THE 2020-2021 FISCAL YEAR THE JEFFERSON REGIONAL FOUNDATION AWARDED \$700,000 IN EMERGENCY IMPACT FUND GRANTS TO 16 ORGANIZATIONS PROVIDING SERVICES AND PROGRAMS IN THE JEFFERSON AREA. THE SIMPLIFIED PROCESS WHICH WAS USED ASSURED A FIT TO THE MISSION BUT PROVIDED PROMPT ACCESS TO GRANT AWARDS TO ADDRESS THE CONTINUED CHALLENGES FOR NONPROFIT ORGANIZATIONS RESULTING FROM COVID'S SOCIAL AND ECONOMIC IMPACTS ON THEIR POPULATIONS AND COMMUNITIES. ORGANIZATIONS CREATIVELY INVESTED IN NEW TECHNOLOGY, SOFTWARE AND PROTECTIVE EQUIPMENT, SPACE RENOVATIONS, NEW DISTRIBUTION MODELS FOR MOBILE BLOOD DRIVES AND RESOURCES SUCH AS EDUCATIONAL MATERIALS OR SAFE SLEEP CRIBS AS WELL AS THE EXPANSION OF MENTAL HEALTH THERAPY AND LEGAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 571,014. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 3,548,014.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
CHARLES R. MODISPACHER, PRESIDENT - (412) 267-6766
565 COAL VALLEY ROAD, JEFFERSON HILLS, PA 15025

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY PHAN-GRUBER CEO/ASST. TREASURER	40.00			X			169,560.	0.	26,638.	
(2) CHARLES R. MODISPACHER PRESIDENT	20.00	X		X			48,958.	0.	0.	
(3) GARY L. EVANS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) JAMES G. GRAHAM CHAIR (UNTIL 06/30/21)	2.00	X		X			0.	0.	0.	
(5) RICHARD W. TALARICO FIRST VICE CHAIR	2.00	X		X			0.	0.	0.	
(6) JOHN R. ECHEMENT 2ND VICE CHAIR	2.00	X		X			0.	0.	0.	
(7) EDWARD R. MARASCO SECRETARY	2.00	X		X			0.	0.	0.	
(8) RICHARD F. COLLINS, MD DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN J. DEMPSTER DIRECTOR	1.00	X					0.	0.	0.	
(10) GREGORY A. HARBAUGH DIRECTOR	1.00	X					0.	0.	0.	
(11) AARON B. BILLGER DIRECTOR	1.00	X					0.	0.	0.	
(12) GREGORY M. DEVINE DIRECTOR	1.00	X					0.	0.	0.	
(13) MARK P. GANNON, MD DIRECTOR	1.00	X					0.	0.	0.	
(14) DANIEL A. ONORATO DIRECTOR	1.00	X					0.	0.	0.	
(15) FRANCES SMITH ROHRICH DIRECTOR	1.00	X					0.	0.	0.	
(16) TIFFANY EVANS DIRECTOR	1.00	X					0.	0.	0.	
(17) HELEN FALLON DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY W. DESCHAMPS TREASURER (UNTIL 02/2021)	1.00	X		X				0.	0.	0.
(19) EVAN S. FRAZIER DIRECTOR (UNTIL 03/2021)	1.00	X						0.	0.	0.
(20) MATTHEW P. VIRGIN DIRECTOR (UNTIL 06/30/21)	1.00	X						0.	0.	0.
(21) KAREN A. EVANS DIRECTOR (UNTIL 06/30/21)	1.00	X						0.	0.	0.
1b Subtotal								218,518.	0.	26,638.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								218,518.	0.	26,638.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,792,767.			1,792,767.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	44,789,726.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	38,338,510.				
	c Gain or (loss)	7c	6,451,216.				
	d Net gain or (loss)		6,451,216.			6,451,216.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,243,983.	0.	0.	8,243,983.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,977,350.	2,977,350.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	246,776.	179,801.	66,975.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	238,916.	174,074.	64,842.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,071.	6,609.	2,462.	
9 Other employee benefits	41,437.	30,191.	11,246.	
10 Payroll taxes	35,812.	26,093.	9,719.	
11 Fees for services (nonemployees):				
a Management				
b Legal	25,920.	12,960.	12,960.	
c Accounting	18,144.	9,072.	9,072.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	349,738.		349,738.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,274.	13,637.	13,637.	
12 Advertising and promotion				
13 Office expenses	686.	494.	192.	
14 Information technology	35,320.	28,256.	7,064.	
15 Royalties				
16 Occupancy	31,116.	22,403.	8,713.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,951.	3,564.	1,387.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,847.		18,847.	
23 Insurance	9,336.	6,722.	2,614.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	45,441.	45,441.		
b DUES & MEMBERSHIPS	10,097.	7,269.	2,828.	
c BOARD & STAFF DEVEL.	3,907.	2,813.	1,094.	
d EQUIPMENT LEASE	1,408.	1,013.	395.	
e All other expenses	1,556.	252.	1,304.	
25 Total functional expenses. Add lines 1 through 24e	4,133,103.	3,548,014.	585,089.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	134,037.	2	447,620.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,103.	9	18,638.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,985.		
	b Less: accumulated depreciation	10b 99,384.	10c	14,601.
	11 Investments - publicly traded securities	96,270,186.	11	120,819,107.
	12 Investments - other securities. See Part IV, line 11	5,244,989.	12	4,200,490.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	101,736,763.	16	125,500,456.	
Liabilities	17 Accounts payable and accrued expenses	108,084.	17	104,314.
	18 Grants payable	1,075,000.	18	1,132,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,183,084.	26	1,236,314.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,553,679.	27	124,264,142.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	100,553,679.	32	124,264,142.
33 Total liabilities and net assets/fund balances	101,736,763.	33	125,500,456.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,243,983.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,133,103.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,110,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,553,679.
5	Net unrealized gains (losses) on investments	5	19,520,583.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	79,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,264,142.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JEFFERSON HOSPITAL	25-1260215	3	X		0.	0.
Total					0.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	X	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	X	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	X	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	X	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART IV, SECTION D, LINE 3:

THE FOUNDATION'S BOARD INCLUDES FIVE DIRECTORS WHO HAVE BEEN APPOINTED BY THE BOARD OF JEFFERSON HOSPITAL AND THE ALLEGHENY HEALTH NETWORK. THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS SERVE AS VOTING MEMBERS ON ALL OF THE FOUNDATION'S COMMITTEES, INCLUDING THE EXECUTIVE, GOVERNANCE, GRANTS AND FINANCE COMMITTEES. AS SUCH THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS EXERCISE A SIGNIFICANT VOICE IN DETERMINING THE FOUNDATION'S INVESTMENT POLICY, GRANTMAKING GUIDELINES AND AWARDS, AND ALSO PROVIDE FINANCIAL OVERSIGHT. IN ADDITION, THE FOUNDATION ENGAGES IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT.

PART IV, SECTION E, LINE 2A:

THE FOUNDATION SUPPORTS THE MISSION OF JEFFERSON HOSPITAL, PART OF THE ALLEGHENY HEALTH NETWORK, WHOSE EXEMPT PURPOSE INCLUDES IMPROVING THE HEALTH AND WELL-BEING OF THE INDIVIDUALS IN ITS SERVICE AREA, AND THIS PURPOSE IS SUBSTANTIALLY LIKE THE FOUNDATION'S MISSION. THE FOUNDATION'S ACTIVITIES DIRECTLY FURTHER JEFFERSON HOSPITAL'S EXEMPT PURPOSE BY FOCUSING ON PROGRAMS THAT SUPPORT IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL, AND BUT FOR THE FOUNDATION'S ACTIONS JEFFERSON HOSPITAL WOULD BE REQUIRED TO PROVIDE THIS SUPPORT TO ADDRESS ITS COMMUNITY HEALTH NEEDS. THE FOUNDATION ENSURES THAT IT IS RESPONSIVE TO JEFFERSON HOSPITAL BY REMAINING IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE PRESIDENT AND COO OF JEFFERSON HOSPITAL, THROUGH PARTICIPATION IN JEFFERSON HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, AND (AS NOTED IN PART IV, SECTION D) WITH THE GUIDANCE OF BOARD MEMBERS

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SELECTED BY HIGHMARK/ALLEGHENY HEALTH NETWORK. THE FOUNDATION ENSURES THAT ITS DIRECT FURTHERANCE ACTIVITIES CONSTITUTE SUBSTANTIALLY ALL OF ITS ACTIVITIES BECAUSE EVERY GRANT IT CONSIDERS IS REVIEWED BY A GRANTS COMMITTEE WHOSE INTERNAL GUIDELINES REQUIRE IT TO CONSIDER HOW THE GRANTS CONSIDERED ALIGN WITH BOTH THE HOSPITAL'S AND THE FOUNDATION'S MISSIONS. GRANTS THAT DO NOT MEET THIS ALIGNMENT ARE GENERALLY REJECTED.

PART IV, SECTION E, LINE 2B:

PURSUANT TO SECTION 501(R) OF THE INTERNAL REVENUE CODE, JEFFERSON HOSPITAL, AS A REQUIREMENT FOR MAINTAINING ITS TAX-EXEMPT STATUS, MUST DEMONSTRATE THAT IT IS ADEQUATELY ADDRESSING THE HEALTH NEEDS OF THE LOCAL COMMUNITIES IN ITS SERVICE AREA. AS PART OF THIS REQUIREMENT, JEFFERSON HOSPITAL IS REQUIRED TO ENGAGE IN A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DEVOTE RESOURCES TO PROJECTS THAT WILL AMELIORATE THE CONCERNS RAISED BY THE CHNA. BY PARTICIPATING IN THE CHNA PROCESS, ENSURING THAT THE FOUNDATION'S PRIORITIES CONTINUE TO ALIGN WITH THOSE OF JEFFERSON HOSPITAL, AND MAINTAINING CONTINUOUS COMMUNICATIONS WITH JEFFERSON HOSPITAL'S MANAGEMENT AND STAKEHOLDERS, THE FOUNDATION ENSURES THAT IT IS WELL VERSED IN THE PRIORITIES JEFFERSON HOSPITAL WISHES TO ADDRESS. THE FOUNDATION CAN THEN LEVERAGE ITS COMMUNITY CONNECTIONS TO HELP IDENTIFY AND PROMOTE ACTIVITIES THAT WILL ADVANCE THE GOALS OF JEFFERSON HOSPITAL AS DOCUMENTED IN THE CHNA, WHILE ALSO PROVIDING THE FINANCIAL RESOURCES THAT JEFFERSON HOSPITAL LACKS TO IMPLEMENT, MONITOR, AND OBJECTIVELY EVALUATE THESE PROGRAMS. JEFFERSON HOSPITAL HAS ACKNOWLEDGED THE FOUNDATION'S EFFORTS BY INCLUDING SEVERAL JEFFERSON REGIONAL FOUNDATION PROJECTS IN ITS IMPLEMENTATION PLAN FOR

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

ITS CHNA.

THE MOST RECENT JEFFERSON HOSPITAL/AHN CHNA, WITH IMPLEMENTATION BEGINNING IN 2019, DEMONSTRATES THE CONTINUED ALIGNMENT OF THE FOUNDATION'S MISSION AND PRIORITIES. SEVERAL FOUNDATION GRANTS AND INITIATIVES ARE INCLUDED AS PART OF THE CHNA IMPLEMENTATION PLAN. THESE INCLUDE MENTAL HEALTH OUTREACH, MEDICALLY TAILORED FOOD BOXES, AND THE FRONT DOOR INITIATIVE. MANY OTHER INITIATIVES SUPPORT THESE CHNA GOAL AREAS, A FEW ARE ALSO DETAILED BELOW. IN 2021, THE FOUNDATION CEO WAS INTERVIEWED AS PART OF THE AHN'S CURRENT PROCESS OF UPDATING ITS CHNA.

A MAJOR EXAMPLE OF ALIGNMENT IS A GOAL RELATED TO THE COST OF CARE THROUGH ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. THE FRONT DOOR INITIATIVE IS A \$1 MILLION MULTI-YEAR GRANT, THE LARGEST TO DATE AWARDED TO DATE BY THE FOUNDATION, TO JEFFERSON HOSPITAL OF ALLEGHENY HEALTH NETWORK (AHN) IN 2018. IT SUPPORTS THE DEVELOPMENT OF A MODEL OF EXCELLENCE IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IN ITS EMERGENCY DEPARTMENT. DURING THE ONGOING GRANT PERIOD, AHN HAS CREATED ITS OWN SOCIAL DETERMINANTS OF HEALTH UNIT WHICH STRATEGICALLY SUPPORTS STRATEGIES SUCH AS THE FRONT DOOR INITIATIVE, AND JEFFERSON HOSPITAL HAS DOUBLED ITS EMERGENCY ROOM CAPACITY WITH A STATE-OF-THE-ART FACILITY. THESE CHANGES BOLSTER THE FRONT DOOR PROJECT'S INTENTION TO REDUCE READMISSION RATES AND INCREASE COMMUNITY REFERRALS AND QUALITY OF LIFE THROUGH DATA, TRAININGS, AND THE DEVELOPMENT OF PROMISING PROGRAMS AND THE ENGAGEMENT OF COMMUNITY PARTNERS. THE FRONT DOOR PROGRAM INCLUDES EMERGENCY ROOM SCREENING FOR SOCIAL DETERMINANTS OF HEALTH, REFERRALS TO APPROPRIATE RESOURCES, COMMUNITY HEALTH WORKERS,

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

STAFF TRAINING AND PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS. THE FOUNDATION HAS BEEN A STRONG PARTNER IN THIS PROJECT AND CONTINUES TO BE REPRESENTED ON AN ADVISORY TEAM.

FOR EXAMPLE, THE JEFFERSON HOSPITAL CHNA INCLUDES BEHAVIORAL HEALTH AS A MAJOR AREA OF FOCUS AND A PARTICULAR STRATEGY TO MEASURE OUTREACH OF THE MENTAL HEALTH FIRST AID (MHFA) PROGRAM IN THE AREA. JEFFERSON HOSPITAL'S COMMITMENT TO EXPAND BEHAVIORAL HEALTH SERVICES TO ADOLESCENTS AND ADULTS HAS BEEN SUPPORTED WITH A MULTI-YEAR FOUNDATION GRANT AWARDED IN DECEMBER 2016 (\$180,000) TO BUILD THE UNIT'S STAFFING CAPACITY FOR COMMUNITY EDUCATION, OUTREACH AND PARTNERSHIPS WHICH WOULD STRENGTHEN PREVENTION AND REFERRALS. THE OUTREACH ROLE INCLUDES COORDINATING AN EVIDENCE-BASED TRAINING PROGRAM CALLED MHFA WHICH HAS SUCCESSFULLY TRAINED NEARLY 1000 COMMUNITY RESIDENTS, AND HOSPITAL AND COMMUNITY-BASED PROFESSIONALS IN THE JEFFERSON AREA OVER SEVERAL YEARS WITH THE TARGETED SUPPORT OF THE FOUNDATION AND ITS NETWORK OF ORGANIZATIONS IN THE JEFFERSON COLLABORATIVE.

THE FOUNDATION'S EARLY SUPPORT OF BEHAVIORAL HEALTH EXPANSION HAS MORE RECENTLY LED TO THE DEVELOPMENT AND EXPANSION OF A HIGHLY SUCCESSFUL SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM (CHILL) BASED ON A MINDFULNESS CURRICULUM. THE FOUNDATION HAS ALSO PROVIDED AN ADDITIONAL GRANT FOR PROFESSIONAL EVALUATION OF CHILL TO FURTHER ESTABLISH ITS EFFICACY, VALUE, AND IMPACT.

THE JEFFERSON HOSPITAL CHNA HAS A MAJOR FOCUS ON CHRONIC DISEASE. THE FOUNDATION SUPPORTS A PEER-LED COMMUNITY EDUCATION PROGRAM CALLED

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

BETTER HEALTH, BETTER CHOICES TARGETED TO PEOPLE WITH CHRONIC DISEASES.

THIS EVIDENCE-BASED PROGRAM DEVELOPED BY STANFORD UNIVERSITY AND

EVALUATED LOCALLY BY THE UNIVERSITY OF PITTSBURGH, IS MANAGED IN THE

REGION BY VINTAGE, A SENIOR SERVICES AGENCY. THIS PROGRAM HAS BEEN

OFFERED AT CHURCHES, LIBRARIES AND THROUGH THE HOSPITAL AND IS

EFFECTIVE IN HELPING PATIENTS MANAGE SYMPTOMS, ENGAGE MORE EFFECTIVELY

WITH THEIR HEALTH CAREGIVERS, AND IMPROVE THEIR QUALITY OF LIFE.

THE JEFFERSON HOSPITAL CHNA WISELY INCLUDES ACCESS TO CARE. A 2018

GRANT FROM THE FOUNDATION TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK

PILOTED THE DISTRIBUTION OF MEDICALLY TAILORED FOOD BOXES TO FOOD

INSECURE PATIENTS AT JEFFERSON HOSPITAL HEALTH CENTER AS A TOOL FOR

PATIENT RECOVERY AND IMPROVED HEALTH STABILITY. THIS WORK HAS SUPPORTED

JEFFERSON/AHN'S PRIORITY AND CREATED A PATHWAY FOR THE CREATION OF THE

JEFFERSON HEALTHY FOOD CENTER ONSITE IN 2020.

IN ADDITION TO ALIGNMENT WITH THE CHNA, THE FOUNDATION'S RELATIONSHIP

WITH JEFFERSON HOSPITAL INCLUDES MANY OTHER RECENT AND ONGOING

OPPORTUNITIES FOR EXTENDING OUR JOINT MISSIONS. THIS YEAR, THE

FOUNDATION PROVIDED \$73,000 IN GRANT SUPPORT TO A JEFFERSON

HOSPITAL/AHN PROGRAM CALLED WHITE COATS FOR DIVERSE PROFESSIONALS IN

ALLIED HEALTH. THE PROGRAM IS DESIGNED TO BUILD A DIVERSE WORKFORCE AND

CREATE EMPLOYMENT PATHWAYS FOR ALLIED HEALTH PROFESSIONALS, INCLUDING

MEDICAL LABORATORY AND CENTRAL STERILE TECHNICIANS AT JEFFERSON

HOSPITAL, BY BUILDING CAPACITY AND LEVERAGING PARTNERSHIPS WITH LOCAL

SCHOOL DISTRICTS, THE COMMUNITY COLLEGE OF ALLEGHENY COUNTY (CCAC

SOUTH). BUILDING AND ENGAGING A DIVERSE WORKFORCE IS A PARTICULAR GOAL

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

OF JEFFERSON HOSPITAL AND THE ENTIRE AHN NETWORK AND THIS PROJECT IS
EMBRACED AS PART OF A LARGER EFFORT OF THE AHN EQUITABLE HEALTH
INSTITUTE.

JEFFERSON HOSPITAL/AHN EXPERTS REGULARLY PROVIDE TRAINING AND EDUCATION
TO THE FOUNDATION, E.G., DURING THIS YEAR NONPROFIT MEMBERS OF THE
FOUNDATION-HOSTED JEFFERSON COLLABORATIVE WERE EDUCATED ON SUBSTANCE
ABUSE BY THE MEDICAL DIRECTOR OF AHN'S RECOVERY MEDICINE DEPARTMENT,
THE DIRECTOR OF THE CENTER FOR INCLUSION MEDICINE SERVED ON A PANEL AND
AHN'S NEW SENIOR VICE-PRESIDENT AND CHIEF CLINICAL DEI OFFICER
PRESENTED TO THE FOUNDATION BOARD ON HEALTH EQUITY.

WE CONTINUE TO BUILD ON A STRONG HISTORY OF RELATIONSHIPS AND JOINT
PROGRAMS BETWEEN THE FOUNDATION AND JEFFERSON HOSPITAL. JEFFERSON
HOSPITAL OUTREACH STAFF MEET WITH AND CONSULT WITH FOUNDATION STAFF ON
LOCAL ORGANIZATIONS AND PROJECTS. JEFFERSON HOSPITAL WAS ONE OF THE
JEFFERSON COUNTS 2020 CENSUS CHAMPIONS IN AN INITIATIVE HOSTED BY THE
JEFFERSON REGIONAL FOUNDATION AND JEFFERSON COLLABORATIVE. THE HOSPITAL
ENGAGED ALL ITS EMPLOYEES IN CENSUS EDUCATION THROUGH POPULAR
DEPARTMENT COMPETITIONS AND RECEIVED EXTENSIVE NEWS COVERAGE FOR ITS
PICTURES OF MATERNITY INFANTS WEARING I COUNT ONESIES IN MARCH 2022 AS
APRIL 1 CENSUS DAY APPROACHED (SUPPORTED BY A FOUNDATION MINIGRANTS).
JEFFERSON HOSPITAL STAFF ATTENDED A FOUNDATION FORUM WORKSHOP ON
CULTURAL HUMILITY IN 2019 WHICH SUBSEQUENTLY WAS PILOTED AT THE
HOSPITAL AND THEN EXPANDED AS TRAINING FOR THE ENTIRE HOSPITAL NETWORK
IN 2020.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: JEFFERSON REGIONAL FOUNDATION
Employer identification number: 56-2420913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,257.	39,831.	4,426.
d Equipment		69,728.	59,553.	10,175.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,601.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	27,414,828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	19,520,583.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-349,738.	
e	Add lines 2a through 2d	2e	19,170,845.	
3	Subtract line 2e from line 1	3	8,243,983.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,243,983.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,704,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-79,000.	
e	Add lines 2a through 2d	2e	-79,000.	
3	Subtract line 2e from line 1	3	3,783,365.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	349,738.	
c	Add lines 4a and 4b	4c	349,738.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,133,103.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND IS EXEMPT FROM

FEDERAL TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE CODE.

ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS RECORDED.

THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S -349,738.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REFUNDED/CANCELLED GRANTS FROM PREVIOUS YEARS -79,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S 349,738.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAGIO HEALTH 603 STANWIX ST, TWO GATEWAY CTR, ST PITTSBURGH, PA 15222	23-7104168	501(C)(3)	10,000.	0.	N/A	N/A	INCREASE NUTRITION KNOWLEDGE AND COOKING AND SHOPPING SKILLS FOR 60 JEFFERSON RESIDENTS.
ALLEGHENY COUNTY LIBRARY ASSOCIATION - 22 WASBASH STREET, SUITE 202 - PITTSBURGH, PA 15220	25-1742676	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE TECHNOLOGY, SOFTWARE, AND PROTECTIVE EQUIPMENT TO THE 10 LIBRARIES LOCATED IN THE
ALLEGHENY COUNTY LIBRARY ASSOCIATION - 22 WASBASH STREET, SUITE 202 - PITTSBURGH, PA 15220	25-1742676	501(C)(3)	45,000.	0.	N/A	N/A	EXPAND CAPACITY OF FOUR JEFFERSON LIBRARIES (BRENTWOOD, BALDWIN, HOMESTEAD AND MCKEESPORT)
ALLEGHENY COUNTY, THROUGH ITS DEPARTMENT OF HUMAN SERVICES - 1 SMITHFIELD STREET - PITTSBURGH, PA 15222	25-6001017		200,000.	0.	N/A	N/A	ASSIST IN SUPPORTING YOUTH AND FAMILIES IN ALLEGHENY COUNTY WITH THE IMPACTS OF COVID-19 BY
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	73,000.	0.	N/A	N/A	CREATE PATHWAYS TO EMPLOYMENT FOR ALLIED HEALTH PROFESSIONALS, INCLUDING MEDICAL
ALLEGHENY INTERMEDIATE UNIT 475 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120	25-6007669	501(C)(3)	21,000.	0.	N/A	N/A	PROVIDE SUPPORT TO THE MCKEESPORT, STEEL VALLEY, AND CLAIRTON FAMILY CENTERS TO PROVIDE FOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**

3 Enter total number of other organizations listed in the line 1 table **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA MIDDLETON WAITE ADULT LEARNING CENTER - 1350 LOCUST STREET - MCKEESPORT, PA 15132	46-4706628	501(C)(3)	10,000.	0.	N/A	N/A	PROVIDE OLDER ADULTS THE NECESSARY TOOLS TO ENGAGE IN THE DIGITAL WORLD BY PROVIDING PERSONAL
AUBERLE 1101 HARTMAN STREET MCKEESPORT, PA 15132	25-1712316	501(C)(3)	50,000.	0.	N/A	N/A	RENOVATE SPACE WHICH WILL OFFER IN-PERSON VISITS FOR AN ESTIMATED 115 FAMILIES INVOLVED IN THE
BEST OF THE BATCH FOUNDATION 2000 WEST ST MUNHALL, PA 15120	34-1900914	501(C)(3)	25,000.	0.	N/A	N/A	PURCHASE LEARNING TOOLS, PROVIDE MEALS, AND TRAIN INTERNS TO SERVE 20 YOUTH IN A LEARNING POD DURING
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE ROAD, SUITE C - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	60,000.	0.	N/A	N/A	STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY
BLACK WOMEN'S POLICY CENTER (SIDE PROJECT, INC.) - 2635 OLD OKEECHOBEE ROAD - WEST PALM BEACH, FL 33409	46-0769403	501(C)(3)	75,000.	0.	N/A	N/A	IMPROVE THE LIVES OF 100 BLACK WOMEN LIVING IN MCKEESPORT, DUQUESNE, AND CLAIRTON AND SHARE THEIR
BLOOD SCIENCE FOUNDATION 875 GREENTREE ROAD, PARKWAY CENTER PITTSBURGH, PA 15220	25-1562715	501(C)(3)	50,000.	0.	N/A	N/A	HOST LOCAL MOBILE BLOOD DRIVES IN PARTNERSHIP WITH AUBERLE, VETERANS BREAKFAST CLUB, AND SHIM.
CASH FOR KIDS 1985 LINCOLN WAY STE 23 # 176 WHITE OAK, PA 15131	20-2862814	501(C)(3)	110,000.	0.	N/A	N/A	ENGAGE 35 YOUTH AGES 9-14 FROM MCKEESPORT TO PARTICIPATE IN AFTERSCHOOL AND SUMMER
CENTER FOR HEARING & DEAF SERVICES 1945 FIFTH AVENUE PITTSBURGH, PA 15219	25-0974324	501(C)(3)	31,000.	0.	N/A	N/A	PROVIDE TECHNOLOGY AND SOFTWARE, PROFESSIONAL LIABILITY INSURANCE STIPENDS FOR 25
CONNECT (UNIVERSITY OF PITTSBURGH) 3922 POSVAR HALL PITTSBURGH, PA 15260	25-0965591	501(C)(3)	100,000.	0.	N/A	N/A	STRENGTHEN THE HEALTH AND WELLNESS OF JEFFERSON RESIDENTS BY ENCOURAGING COLLABORATION AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRIBS FOR KIDS INC 5450 SECOND AVENUE PITTSBURGH, PA 15207	25-1442806	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE FUNDING FOR 450 CRIBETTES/CRIB SHEETS TO BE SHIPPED AND PROVIDE SAFE SLEEP EDUCATION
DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BLVD. SUITE 55 PITTSBURGH, PA 15213	20-2388089	501(C)(3)	25,000.	0.	N/A	N/A	INCREASE THE CONFIDENCE AND CAPACITY OF 250 LOCAL FEMALE RESIDENTS PREPARING TO ENTER THE
DUQUESNE CITY SCHOOL DISTRICT 300 KENNEDY AVENUE DUQUESNE, PA 15110	25-6001157		50,000.	0.	N/A	N/A	INCREASE FOOD ACCESS FOR 350 DUQUESNE RESIDENTS/FAMILIES FOLLOWING THE CLOSURE OF
DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	40,000.	0.	N/A	N/A	INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF CHILDREN IN THE MON VALLEY THROUGH
FOOTBRIDGE FOR FAMILIES, INC 375 GLADE RUN LANE PITTSBURGH, PA 15238	84-2077025	501(C)(3)	60,000.	0.	N/A	N/A	ASSIST 60 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE
GLOBAL LINKS 700 TRUMBULL DRIVE PITTSBURGH, PA 15205	52-1629060	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE NEEDED SURPLUS MEDICAL SUPPLIES THROUGH PARTNERSHIPS WITH JEFFERSON HUMAN SERVICE
GWEN'S GIRLS INCORPORATED 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	100,000.	0.	N/A	N/A	INCREASE OVERALL HEALTH AND WELLNESS FOR 40 BLACK GIRLS LIVING IN THE MON VALLEY BY LIMITING HARM
JEWISH FAMILY AND COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	30,000.	0.	N/A	N/A	SUPPORT THE ADDED STAFF TIME NECESSARY TO ADDRESS THE PANDEMIC-RELATED NEED AND PROVIDE LEGAL
LATINO COMMUNITY CENTER 212 9TH ST 5TH FLOOR PITTSBURGH, PA 15222	82-0947985	501(C)(3)	195,000.	0.	N/A	N/A	INCREASE THE HEALTH AND WELLNESS OF LATINX FAMILIES LIVING IN JEFFERSON COMMUNITIES BY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY PITTSBURGH 411 SEVENTH AVENUE PITTSBURGH, PA 15219	23-1392652	501(C)(3)	12,000.	0.	N/A	N/A	ADDRESS THE NEED FOR TECHNOLOGY AMONGST STUDENTS, WITH FUNDS DIRECTLY TRANSLATING INTO
LITERACY PITTSBURGH 411 SEVENTH AVENUE PITTSBURGH, PA 15219	25-1392652	501(C)(3)	75,000.	0.	N/A	N/A	FOSTER A LIFETIME OF SUCCESS FOR JEFFERSON ADULT LEARNERS BY EXPANDING EMPLOYMENT
MELTING POT MINISTRIES 260 ATLANTA DR PITTSBURGH, PA 15228	14-1942636	501(C)(3)	40,000.	0.	N/A	N/A	SUPPORT A PLANNING PROCESS WHICH INCLUDES AN ORGANIZATIONAL ASSESSMENT, RESEARCH AND
NEIGHBORHOOD RESILIENCE PROJECT 2038 BEDFORD AVENUE PITTSBURGH, PA 15219	83-2086038	501(C)(3)	150,000.	0.	N/A	N/A	ASSIST IN HELPING THE TRAUMA AFFECTED COMMUNITIES OF MCKEESPORT, DUQUESNE, AND
ONE-ON-ONE FITNESS 2714 PENN AVENUE PITTSBURGH, PA 15222	45-3968121		50,000.	0.	N/A	N/A	SUPPORT "OPERATION BACK TO LIFE" WHICH IS A MULTI-FACETED HEALTH AND WELLNESS PROGRAM WHICH
OPERATION TROOP APPRECIATION 1219 SCHWEITZER ROAD MCKEESPORT, PA 15135-2017	81-0651982	501(C)(3)	18,000.	0.	N/A	N/A	PROVIDE CRITICAL ASSISTANCE TO VETERANS AND VETERAN FAMILIES IN NEED LIVING AT OR BELOW
PITTSBURGHERS FOR PUBLIC TRANSIT (THE THOMAS MERTON CENTER) - 5129 PENN AVENUE - PITTSBURGH, PA 15224	25-1232192	501(C)(3)	40,000.	0.	N/A	N/A	ASSIST JEFFERSON RESIDENTS IN ACCESSING CRITICAL HEALTH, EDUCATION, AND FOOD SITES
PRIMARY CARE HEALTH SERVICES, INC 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	225,000.	0.	N/A	N/A	EXPAND QUALITY PRIMARY CARE SERVICES AVAILABLE TO FAMILIES THROUGH THE STEEL VALLEY HEALTH
REBUILDING TOGETHER PITTSBURGH 7800 SUSQUEHANNA STREET PITTSBURGH, PA 15208	25-1696634	501(C)(3)	30,000.	0.	N/A	N/A	INCREASE THE HEALTH AND SAFETY FOR 25 HOMES IN CLAIRTON AND MCKEESPORT BY AUDITING A HOME FOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN PENNSYLVANIA PARTNERSHIP FOR AGING - 1323 FREEDOM RD - CRANBERRY TOWNSHIP, PA 16066	25-1643564	501(C)(3)	200,000.	0.	N/A	N/A	CREATE A MORE INCLUSIVE NEIGHBORHOOD ENVIRONMENT FOR JEFFERSON OLDER ADULTS BY IMPROVING
THE DRAGON'S DEN 1008 AMITY STREET HOMESTEAD, PA 15120	30-0954832	501(C)(3)	150,000.	0.	N/A	N/A	BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF JEFFERSON SCHOOL-AGE YOUTH BY OFFERING SUMMER
THE FORBES FUNDS 5 PPG PLACE PITTSBURGH, PA 15222	25-1418095	501(C)(3)	40,000.	0.	N/A	N/A	INCREASE THE CAPACITY OF 25 MINORITY-LED ORGANIZATIONS THROUGH LEARNING CIRCLES,
THE GLOBAL SWITCHBOARD 305 34TH STREET PITTSBURGH, PA 15201	25-1303478	501(C)(3)	50,000.	0.	N/A	N/A	PROMOTE EFFECTIVE, COORDINATED EFFORTS TO BUILD ON THE STRENGTHS OF RESIDENTS BORN IN OTHER
THE MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	160,000.	0.	N/A	N/A	HELP UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF-
TRYING TOGETHER 5604 SOLWAY STREET PITTSBURGH, PA 15127	25-6089906	501(C)(3)	43,000.	0.	N/A	N/A	OFFER CRITICAL COUNSELING AND SKILL-BUILDING GROUP THERAPY SERVICES TO 50 OR MORE JEFFERSON AREA
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15222	25-1043578	501(C)(3)	35,000.	0.	N/A	N/A	PAY FOR ADDITIONAL (TEMPORARY) STAFFING RESOURCES TO SUSTAIN SIGNIFICANT INCREASE IN
VENTURE OUTDOORS 33 TERMINAL WAY PITTSBURGH, PA 15219	20-3275291	501(C)(3)	50,000.	0.	N/A	N/A	CONTINUE TO ENGAGE JEFFERSON YOUTH AND OLDER ADULTS IN THE HEALTHY BENEFITS OF ACTIVE
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	15,000.	0.	N/A	N/A	EXPAND COMMUNICATION TO LOCAL VETERANS THROUGH NEWSLETTERS, MAGAZINES, AND LENDING IPADS TO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WQED MULTIMEDIA 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	20,000.	0.	N/A	N/A	PROVIDE 600 "EXPLORE MORE" EDUCATIONAL BAGS TO JEFFERSON AREA CHILDREN AND FAMILIES.
YOUNG PEOPLE IN RECOVERY 1415 PARK AVENUE WEST DENVER, CO 80205	46-4109067	501(C)(3)	64,000.	0.	N/A	N/A	IMPROVE ACCESS TO A PEER-RECOVERY NETWORK, TREATMENT, EDUCATION, HOUSING, AND EMPLOYMENT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS. APPLICANT ORGANIZATIONS ARE ASKED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO ASKED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING: BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN, STRATEGIC PLAN AND LETTERS OF SUPPORT. TAX-EXEMPT STATUS IS ALSO CHECKED. WHEN A GRANT IS AWARDED, AN ORGANIZATION IS ASKED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A NUMBER OF

Part IV Supplemental Information

JEFFERSON REGIONAL FOUNDATION TERMS AND CONDITIONS, INCLUDING THE NEED TO PROVIDE PROGRESS REPORTS AT SPECIFIC DATES, PRIOR WRITTEN APPROVAL OF ANY SUBSTANTIAL VARIANCES FROM BUDGET OR INTENT, RECORD-KEEPING, AND REQUIRED NOTIFICATIONS. MOST GRANTS REQUIRE A MID-YEAR PROGRESS REPORT AND A YEAR-END PROGRESS REPORT WHICH INDICATE RESULTS ON OBJECTIVES, INFORMATION ABOUT INTENDED AND UNINTENDED RESULTS, CHALLENGES AND A LINE-ITEM FINANCIAL REPORT. STAFF REVIEW THE REPORTS AND CONFER WITH THE APPLICANT IF NEEDED. MULTI-YEAR GRANTS REQUIRE REVIEW OF A REPORT FOR EACH GRANT PERIOD BEFORE BOARD RELEASE OF FUNDING FOR THE NEXT PERIOD. SUMMARIES OF THESE REPORTS ARE PROVIDED TO THE GRANT COMMITTEE FOR DISCUSSION OF THE RESULTS AND ANY RECOMMENDED ACTION. THE COMMITTEE SHARES THE RESULTS AND RECOMMENDATIONS WITH THE BOARD FOR ANY ACTION. IN ADDITION, STAFF BUILD ONGOING RELATIONSHIPS AND MONITOR THROUGHOUT THE GRANT PERIOD THROUGH SITE VISITS, GROUP GRANTEE ORIENTATION SESSION AND TECHNICAL ASSISTANCE. EMERGENCY GRANTS ISSUED TO RESPOND TO COVID-19 IMPACTS AND MINI-GRANTS FOR VARIOUS INITIATIVES HAVE UTILIZED SIMPLIFIED APPLICATION FORMS BUT ALSO COMPLETE THE SAME LETTERS OF AGREEMENT WHICH REQUIRE PROGRESS REPORTS ON BOTH OBJECTIVES AND FINANCIAL STATUS AND ARE REGULARLY MONITORED WITH REPORTS TO THE GRANTS COMMITTEE AND THE BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY COUNTY LIBRARY ASSOCIATION
 (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TECHNOLOGY, SOFTWARE, AND PROTECTIVE EQUIPMENT TO THE 10 LIBRARIES LOCATED IN THE JEFFERSON AREA.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY COUNTY LIBRARY ASSOCIATION
 (H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND CAPACITY OF FOUR JEFFERSON LIBRARIES (BRENTWOOD, BALDWIN, HOMESTEAD AND MCKEESPORT) TO ASSIST

Part IV Supplemental Information

PATRONS IN NAVIGATING THE SOCIAL SERVICE SYSTEM BY PLACING FOUR UNIVERSITY OF PITTSBURGH'S SCHOOL OF SOCIAL WORK GRADUATE STUDENTS IN THE LIBRARY, CONTINUE TO HAVE ALL 10 JEFFERSON LIBRARIES WELCOME NEW FAMILIES TO LIBRARY SERVICES USING EARLY LITERACY KITS, AND ASSIST THE CLARION LIBRARY IN TRANSITIONING TO NEW SPACE.

NAME OF ORGANIZATION OR GOVERNMENT:

ALLEGHENY COUNTY, THROUGH ITS DEPARTMENT OF HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST IN SUPPORTING YOUTH AND FAMILIES IN ALLEGHENY COUNTY WITH THE IMPACTS OF COVID-19 BY PROVIDING COMMUNITY LEARNING HUBS FOR STUDENTS IN THE JEFFERSON REGION.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE PATHWAYS TO EMPLOYMENT FOR ALLIED HEALTH PROFESSIONALS, INCLUDING MEDICAL LABORATORY AND CENTRAL STERILE TECHNICIANS AT JEFFERSON HOSPITAL, BY BUILDING CAPACITY AND LEVERAGING PARTNESHIPS WITH AHN'S EQUITABLE HEALTH INSTITUTE, CCAC SOUTH, AND OTHER LOCAL WORKFORCE PROVIDERS TO CREATE A DIVERSE WORKFORCE.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY INTERMEDIATE UNIT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT TO THE MCKEESPORT, STEEL VALLEY, AND CLAIRTON FAMILY CENTERS TO PROVIDE FOR BASIC NEEDS RANGING FROM BUS TICKETS TO FOOD GIFT CARDS AND SUPPORT OPERATIONS AT THE CENTERS THROUGH PURCHASING OF NECESSARY TECHNOLOGY AND EQUIPMENT TO SAFELY AND EFFECTIVELY DELIVER SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

ANNA MIDDLETON WAITE ADULT LEARNING CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OLDER ADULTS THE NECESSARY TOOLS TO ENGAGE IN THE DIGITAL WORLD BY PROVIDING PERSONAL COMPUTERS, WI-FI ACCESS, TECHNICAL SUPPORT, AND TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: AUBERLE

(H) PURPOSE OF GRANT OR ASSISTANCE: RENOVATE SPACE WHICH WILL OFFER IN-PERSON VISITS FOR AN ESTIMATED 115 FAMILIES INVOLVED IN THE FOSTER CARE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: BEST OF THE BATCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE LEARNING TOOLS, PROVIDE MEALS, AND TRAIN INTERNS TO SERVE 20 YOUTH IN A LEARNING POD DURING THE PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY THROUGH A HEALTH CAMPAIGN TO DECREASE THE INFECTION RATE OF COVID-19, ENSURE A HIGH VACCINATION RATE OF THE BHUTANESE POPULATION, AND DEVELOP AND IMPLEMENT PARTNERSHIPS WITH REGIONAL HEALTHCARE PARTNERS TO BUILD LONG-TERM TRUST.

NAME OF ORGANIZATION OR GOVERNMENT:

BLACK WOMEN'S POLICY CENTER (SIDE PROJECT, INC.)

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE LIVES OF 100 BLACK WOMEN LIVING IN MCKEESPORT, DUQUESNE, AND CLAIRTON AND SHARE THEIR PERSPECTIVE IN THE COMMUNITY BY OFFERING SUPPORT AND COACHING THROUGH SYSTEM NAVIGATION, CONNECTION TO RESOURCES, ADVOCACY ON SHAPING PUBLIC POLICY,

Part IV Supplemental Information

AND SKILLS TRAINING AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: CASH FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE 35 YOUTH AGES 9-14 FROM MCKEESPORT TO PARTICIPATE IN AFTERSCHOOL AND SUMMER PROGRAMMING AND ENHANCE THE PROGRAM TO PROMOTE FITNESS, NUTRITION, COLLEGE ASPIRATIONS, SOCIAL DEVELOPMENT, AND OVERALL HEALTH AND WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HEARING & DEAF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TECHNOLOGY AND SOFTWARE, PROFESSIONAL LIABILITY INSURANCE STIPENDS FOR 25 INTERPRETERS, AND GENERAL OPERATIONS SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECT (UNIVERSITY OF PITTSBURGH)

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN THE HEALTH AND WELLNESS OF JEFFERSON RESIDENTS BY ENCOURAGING COLLABORATION AND PARTNERSHIP BETWEEN JEFFERSON MUNICIPALITIES TO ADDRESS SYSTEM FRAGMENTATION WITH CENTRALIZED SOLUTIONS INCLUDING A COMMUNITY PARAMEDIC PROGRAM, A LAW ENFORCEMENT ASSISTED DIVERSION PROGRAM, AND A NEEDS ASSESSMENT OF VOLUNTEER FIRE DEPARTMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CRIBS FOR KIDS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDING FOR 450 CRIBETTES/CRIB SHEETS TO BE SHIPPED AND PROVIDE SAFE SLEEP EDUCATION VIRTUALLY.

NAME OF ORGANIZATION OR GOVERNMENT: DRESS FOR SUCCESS PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE CONFIDENCE AND CAPACITY

Part IV Supplemental Information

OF 250 LOCAL FEMALE RESIDENTS PREPARING TO ENTER THE WORKFORCE BY PROVIDING EACH WOMAN WITH APPROPRIATE INTERVIEW CLOTHING, UNIFORM ITEMS, AND CAREER SUPPORT DELIVERED THROUGH A MOBILE BOUTIQUE IN PARTNERSHIP WITH JEFFERSON AREA ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: DUQUESNE CITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FOOD ACCESS FOR 350 DUQUESNE RESIDENTS/FAMILIES FOLLOWING THE CLOSURE OF THE ONLY GROCERY STORE IN THE CITY WITH THE ADDITION OF A PROGRAM MANAGER TO SUPPORT THE DEVELOPMENT OF A DIVERSE, COMMUNITY NETWORK ADDRESSING SHORT AND LONG-TERM SOLUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: DUQUESNE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF CHILDREN IN THE MON VALLEY THROUGH PARTNERSHIPS WITH SCHOOL DISTRICTS (SOUTH ALLEGHENY, CLAIRTON, AND ONE TO BE DETERMINED) BY OFFERING ASTHMA SCREENINGS, COMMUNITY EDUCATION INCLUDING COVID-19 TESTING AND VACCINATION, COMMUNITY HEALTH WORKERS, AND CONTINUE TO DEVELOP OPTIONS FOR LONG-TERM SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: FOOTBRIDGE FOR FAMILIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST 60 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE CONNECTIONS TO ADDITIONAL SUPPORTS THROUGH AN INNOVATIVE NEW TECH PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE BASED ON REFERRALS FROM TRUSTED FRONTLINE SOURCES AND BUILD ORGANIZATIONAL CAPACITY BY SUPPORTING PAID STAFF.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL LINKS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE NEEDED SURPLUS MEDICAL SUPPLIES THROUGH PARTNERSHIPS WITH JEFFERSON HUMAN SERVICE AGENCIES SERVING OLDER ADULTS AND/OR LOW-INCOME INDIVIDUALS TO INCREASE ORGANIZATIONAL CAPACITY AND TO ENSURE THAT INDIVIDUALS HAVE THE NECESSARY SUPPLIES TO LEAD HEALTHY LIVES AND MAINTAIN THEIR INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE OVERALL HEALTH AND WELLNESS FOR 40 BLACK GIRLS LIVING IN THE MON VALLEY BY LIMITING HARM AND REDUCING REFERRALS TO JUVENILE PROBATION THROUGH A DIVERSION PROGRAM IN PARTNERSHIP WITH SCHOOL DISTRICTS, EDUCATION/AWARENESS TRAINING FOR SCHOOLS AND 200 JUVENILE JUSTICE STAKEHOLDERS ON RACIAL INEQUITIES, AND OUT- OF-SCHOOL TIME SUPPORT FOR GIRLS AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY AND COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ADDED STAFF TIME NECESSARY TO ADDRESS THE PANDEMIC-RELATED NEED AND PROVIDE LEGAL CONSULTATION AND REPRESENTATION TO 60 IMMIGRANTS OVER A ONE-YEAR PERIOD.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE HEALTH AND WELLNESS OF LATINX FAMILIES LIVING IN JEFFERSON COMMUNITIES BY EXPANDING THE SUCCESSFUL FAMILY SERVICES AND EDUCATIONAL PROGRAMS OFFERED BY THE LATINO COMMUNITY CENTER WHICH INCLUDES CASE MANAGEMENT SERVICES, COMMUNITY HEALTH WORKER SERVICES, PARENTING SUPPORT, AND EARLY CHILDHOOD DEVELOPMENT PROGRAMMING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS THE NEED FOR TECHNOLOGY AMONGST STUDENTS, WITH FUNDS DIRECTLY TRANSLATING INTO 40 LAPTOPS

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER A LIFETIME OF SUCCESS FOR JEFFERSON ADULT LEARNERS BY EXPANDING EMPLOYMENT OPPORTUNITIES THROUGH CAREER PATHWAYS IN CONSTRUCTION AND HEALTHCARE, IMPROVING EMPLOYMENT AND EDUCATIONAL OUTCOMES FOR CARETAKERS AND THEIR CHILDREN, AND IMPARTING VITAL DIGITAL SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT: MELTING POT MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT A PLANNING PROCESS WHICH INCLUDES AN ORGANIZATIONAL ASSESSMENT, RESEARCH AND DATA REVIEW, A BOARD RETREAT, AND A DETAILED ACTION PLAN TO POSITION MELTING POT MINISTRIES TO CREATE A VISION FOR THE COMING YEARS AND WILL POSITION THE BOARD OF DIRECTORS TO TRANSITION FROM THE FOUNDING DIRECTOR TO A NEW LEADER.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD RESILIENCE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST IN HELPING THE TRAUMA AFFECTED COMMUNITIES OF MCKEESPORT, DUQUESNE, AND CLAIRTON TO BECOME RESILIENT, HEALING, AND HEALTHY COMMUNITIES BY TRAINING FIVE COHORTS OF COMMUNITY LEADERS IN THE TRAUMA INFORMED COMMUNITY DEVELOPMENT MODEL AND ENGAGING COMMUNITY HEALTH DEPUTIES TO ASSIST WITH INCREASING THE HEALTH LITERACY (INCLUDING TESTING/VACCINATION FOR COVID-19) FOR RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ONE-ON-ONE FITNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT "OPERATION BACK TO LIFE"

Part IV Supplemental Information

WHICH IS A MULTI-FACETED HEALTH AND WELLNESS PROGRAM WHICH COMBINES WEEKLY FITNESS SESSIONS, A NUTRITION PLAN, ONGOING COVID-19 TESTING AND HEALTH SCREENINGS, WEEKLY ACCOUNTABILITY (WEIGH-INS) AND LIVE COOKING DEMONSTRATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION TROOP APPRECIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CRITICAL ASSISTANCE TO VETERANS AND VETERAN FAMILIES IN NEED LIVING AT OR BELOW THE POVERTY LINE. PROVIDE NEEDED SUPPLIES AND SUPPORT TO VETERANS AND FAMILIES OF VETERANS COMING OUT OF INPATIENT PHYSICAL, PSYCHOLOGICAL, OR SUBSTANCE ABUSE TREATMENT AND WHO ARE AT RISK OF BECOMING HOMELESS OR HAVE GAINED RESIDENCE AFTER A PERIOD OF HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT:

PITTSBURGHERS FOR PUBLIC TRANSIT (THE THOMAS MERTON CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST JEFFERSON RESIDENTS IN ACCESSING CRITICAL HEALTH, EDUCATION, AND FOOD SITES BY ORGANIZING TRANSIT RIDERS AND WORKERS TO DEVELOP AND ADVOCATE FOR A STATEWIDE TRANSIT FUNDING SOLUTION.

NAME OF ORGANIZATION OR GOVERNMENT: PRIMARY CARE HEALTH SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND QUALITY PRIMARY CARE SERVICES AVAILABLE TO FAMILIES THROUGH THE STEEL VALLEY HEALTH CENTER WHILE DEVELOPING A LONGER-TERM STRATEGY FOR FUTURE GROWTH, QUALITY, AND CAPACITY TO SERVE THE MON VALLEY AREA.

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE HEALTH AND SAFETY FOR

Part IV Supplemental Information

25 HOMES IN CLAIRTON AND MCKEESPORT BY AUDITING A HOME FOR SAFETY,
PROVIDING NECESSARY SUPPLIES, AND CONDUCTING EMERGENCY REPAIRS AND
BEGINNING TO BUILD PARTNERSHIPS IN THE CITY OF DUQUESNE.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHWESTERN PENNSYLVANIA PARTNERSHIP FOR AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A MORE INCLUSIVE NEIGHBORHOOD
ENVIRONMENT FOR JEFFERSON OLDER ADULTS BY IMPROVING ACCESS TO RESOURCES
IN NEIGHBORHOODS AND TO HEALTH SYSTEMS, STRENGTHENING INTERGENERATIONAL
CONNECTIONS TO REDUCE ISOLATION AND LONELINESS, AND CHAMPION NEW
TECHNOLOGIES AND IDEAS THROUGH A COLLABORATIVE EFFORT.

NAME OF ORGANIZATION OR GOVERNMENT: THE DRAGON'S DEN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD SELF-CONFIDENCE, TRUST, AND
SOCIABILITY OF JEFFERSON SCHOOL-AGE YOUTH BY OFFERING SUMMER CAMP
PROGRAMS FOR 174 KIDS, CREATING AN OUTDOOR SIDEWALK CHALLENGE COURSE, AND
EXPLORING YEAR-ROUND AFTERSCHOOL PROGRAMMING THROUGH LOCAL PARTNERSHIPS
USING THE CHALLENGE COURSE AND ZIP LINE IN THE HISTORIC ST. MARY
MAGDALENE CHURCH IN HOMESTEAD.

NAME OF ORGANIZATION OR GOVERNMENT: THE FORBES FUNDS

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE CAPACITY OF 25
MINORITY-LED ORGANIZATIONS THROUGH LEARNING CIRCLES, EDUCATION COHORTS,
SCENARIO PLANNING THEORY INTO ACTION, AND PLACE-BASED ASSET MAPPING TO
SUPPORT PEER-TO-PEER ENGAGEMENT, MENTORSHIP, AND COLLABORATION.

NAME OF ORGANIZATION OR GOVERNMENT: THE GLOBAL SWITCHBOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE EFFECTIVE, COORDINATED

Part IV Supplemental Information

EFFORTS TO BUILD ON THE STRENGTHS OF RESIDENTS BORN IN OTHER COUNTRIES THROUGH LOCAL CAPACITY BUILDING TO SUPPORT IMMIGRANT INTEGRATION.

NAME OF ORGANIZATION OR GOVERNMENT: THE MON VALLEY INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF-SUFFICIENCY THROUGH OFFERING A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM AND ASSIST THE ORGANIZATION IN EXPANDING COMMUNITY DEVELOPMENT OPPORTUNITIES RELATED TO THE DISSOLUTION OF EDS.

NAME OF ORGANIZATION OR GOVERNMENT: TRYING TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: OFFER CRITICAL COUNSELING AND SKILL-BUILDING GROUP THERAPY SERVICES TO 50 OR MORE JEFFERSON AREA ADOLESCENTS AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PAY FOR ADDITIONAL (TEMPORARY) STAFFING RESOURCES TO SUSTAIN SIGNIFICANT INCREASE IN ACTIVITY LEVELS FOR 211 CONTACTS DUE TO COVID19.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE OUTDOORS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO ENGAGE JEFFERSON YOUTH AND OLDER ADULTS IN THE HEALTHY BENEFITS OF ACTIVE OUTDOOR ACTIVITY THROUGH TARGETED OUTDOOR PROGRAMMING PROMOTING HEALTH AND WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS BREAKFAST CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND COMMUNICATION TO LOCAL

Part IV Supplemental Information

VETERANS THROUGH NEWSLETTERS, MAGAZINES, AND LENDING IPADS TO VETERANS WHO ARE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PEOPLE IN RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ACCESS TO A PEER-RECOVERY NETWORK, TREATMENT, EDUCATION, HOUSING, AND EMPLOYMENT FOR JEFFERSON YOUNG PEOPLE IN SUBSTANCE ABUSE RECOVERY THROUGH LAUNCHING A PEER-LED CHAPTER TO CONDUCT PRO-SOCIAL ACTIVITIES, ALL-RECOVERY MEETINGS, AND LIFE SKILL WORKSHOPS IN THE JEFFERSON AREA.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **JEFFERSON REGIONAL FOUNDATION**
 Employer identification number: **56-2420913**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY PHAN-GRUBER CEO/ASST. TREASURER	(i)	169,560.	0.	0.	7,625.	19,013.	196,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION & OUTREACH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION CONTINUED:

THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND

TRANSPARENCY. ITS SIX NEW PRIORITIES WERE ADOPTED AS PART OF A

2021-2023 STRATEGIC PLAN AND IMPLEMENTED IN JANUARY 2021. THEY INCLUDE:

HEALTH AND WELLNESS, CAPACITY BUILDING, CIVIC ENGAGEMENT AND POLICY

WORK, DIVERSITY, EQUITY AND INCLUSION, EARLY CHILDHOOD AND YOUTH

DEVELOPMENT, AND WORKFORCE AND ECONOMIC OPPORTUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GREATER PITTSBURGH (\$200,000/2 YRS.) IS CREATING A MORE INCLUSIVE

ENVIRONMENT IN NEIGHBORHOODS FOR OLDER ADULTS WITH IMPROVED ACCESS AND

TECHNOLOGY.

GRANT PROGRAMS ARE BRINGING SUPPORT AND RESOURCES DIRECTLY TO PEOPLE

EXPERIENCING TRAUMA OR HUMAN SERVICE NEEDS. SEVERAL LOCAL LIBRARIES ARE

HOSTING SOCIAL WORK GRADUATE STUDENTS ON THEIR TEAMS TO OFFER LOCAL

SERVICES (ALLEGHENY COUNTY LIBRARY ASSOCIATION, \$45,000), FIVE COHORTS

OF COMMUNITY LEADERS IN THE MON VALLEY ARE BEING TRAINED IN A

TRAUMA-INFORMED COMMUNITY DEVELOPMENT MODEL (NEIGHBORHOOD RESILIENCE

PROJECT (\$150,000/3 YRS.) AND A NEW CHAPTER OF YOUNG PEOPLE IN RECOVERY

(\$64,000) HAS BEEN LAUNCHED TO PROMOTE PEER-LED PRO-SOCIAL ACTIVITIES,

MEETINGS AND WORKSHOPS TO SUPPORT YOUNG ADULTS IN SUBSTANCE ABUSE

RECOVERY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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HEALTH AND WELLNESS GRANTS ALSO FOCUS ON BASIC NEEDS IN MON VALLEY COMMUNITIES SUCH AS FOOD, HOUSING, DIGITAL LITERACY, AND ACCESS TO ASTHMA CARE. ADAGIO HEALTH (\$10,000) OFFER A COOKING CURRICULUM WHICH EFFECTIVELY INSPIRES FAMILIES TO EAT HEALTHIER, WHILE A COMMUNITY WHICH LOST ITS GROCERY STORE DEVELOPS NEW FOOD DISTRIBUTION SOLUTIONS (DUQUESNE CITY SCHOOLS, \$50,000), WHILE REBUILDING TOGETHER (\$30,000) ADDRESSES SAFETY AND EMERGENCY REPAIRS IN 25 HOMES IN CLAIRTON AND MCKEESPORT. DIGITAL LITERACY CHALLENGES HAVE BECOME MORE APPARENT IN CONTRIBUTING TO DISPARITIES IN ACCESS TO SERVICES DURING THE PANDEMIC, THE ANNA MIDDLETON WAITE ADULT LEARNING CENTER (\$10,000) OFFER TECHNOLOGY AND TRAINING TARGETED TO OLDER ADULTS. ASTHMA SCREENINGS AND COMMUNITY HEALTH TESTING AND EDUCATION IN THE MON VALLEY THROUGH SCHOOL AND COMMUNITY PARTNERSHIPS ARE OFFERED BY DUQUESNE UNIVERSITY (\$40,000).

YOUTH DEVELOPMENT REMAINS A PRIORITY AND THE RENOVATION OF A CHURCH INTO A CHALLENGE COURSE HAS ALLOWED INNOVATIVE YOUTH CAMPS AND PROGRAMS IN HOMESTEAD (THE DRAGON'S DEN, \$150,000/2 YRS.), VENTURE OUTDOORS ENGAGES YOUTH IN ACTIVE OUTDOOR ACTIVITY ACROSS THE JEFFERSON AREA (\$50,000), AND IN MCKEESPORT MIDDLE SCHOOL YOUTH ARE OFFERED VALUABLE AFTERNOON AND SUMMER PROGRAMMING THROUGH A LOCAL YOUTH CENTER (CASH FOR KIDS, \$110,000/2 YRS.).

INVESTING IN THE CAPACITY OF LOCAL ORGANIZATIONS TO STRENGTHEN THEIR IMPACT CONTINUES TO BE A PRIORITY OF JEFFERSON REGIONAL FOUNDATION. IN THE PAST YEAR, THIS HAS INCLUDED A GRANT AWARD TO PRIMARY CARE HEALTH SERVICES INC. (\$225,000) TO EXPAND THEIR STEEL VALLEY HEALTH CENTER WHILE ALSO DEVELOPING A LONGER-TERM GROWTH STRATEGY. MELTING POT MINISTRIES (\$40,000) ENGAGED IN A PLANNING PROCESS SUPPORTING THE TRANSITION FROM A FOUNDING EXECUTIVE TO A NEW LEADER.

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMMIGRANT GROUPS ARE ALSO BEING SUPPORTED TO ADDRESS HEALTH ACCESS (BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH, \$60,000) AND BUILD CAPACITY THROUGH COORDINATION OF IMMIGRANT INTEGRATION EFFORTS (THE GLOBAL SWITCHBOARD, \$50,000).

SPECIFIC SUPPORT OF DEI PROJECTS FOCUSED ON THE BLACK COMMUNITY INCLUDE JUSTICE REFORM BY REDUCING REFERRALS OF BLACK GIRLS TO JUVENILE PROBATION (GWEN'S GIRLS, \$100,000/2 YRS.) AND IMPROVING THE LIVES OF BLACK WOMEN WITH COACHING, CONNECTION, AND ADVOCACY TRAINING (BLACK WOMEN'S POLICY CENTER/SIDE PROJECT INC., \$75,000). THE FORBES FUNDS (\$40,000) IS COACHING AND OFFERING PEER MENTORING TO COHORTS OF MINORITY-LED NONPROFITS TO BUILD THEIR CAPACITY AND COMMUNITY ENGAGEMENT. JEFFERSON HOSPITAL OF THE ALLEGHENY HEALTH NETWORK IS BUILDING ON ITS COMMITMENT TO EXPAND DIVERSITY IN ITS WORKFORCE BY CREATING PATHWAYS TO EMPLOYMENT FOR ALLIED HEALTH PROFESSIONALS (\$73,000).

THE FOUNDATION IS COMMITTED TO DEVELOPING OPPORTUNITIES FOR CIVIC AND POLICY ENGAGEMENT WITH AN AWARD TO PITTSBURGHERS FOR PUBLIC TRANSIT (THE THOMAS MERTON CENTER, \$40,000) WHICH IS ASSISTING RESIDENTS TO ACCESS CRITICAL HEALTH, EDUCATION AND FOOD SITES THROUGH TRANSIT ADVOCACY AND ECONOMIC ADVANCEMENT. THE LARGEST AWARD FOR THIS WORKFORCE AND ECONOMIC DEVELOPMENT PRIORITY WILL SUPPORT FINANCIAL COACHING AND WORKFORCE SUPPORTS BY THE MON VALLEY INITIATIVE (\$160,000), WHILE LITERACY PITTSBURGH (\$75,000) WILL FOCUS ON PREPARING ADULT LEARNERS WITH DIGITAL SKILLS, IMPROVED EDUCATIONAL OUTCOMES AND SPECIFIC PATHWAYS FOR CONSTRUCTION AND HEALTHCARE. EXPANDING PARTNERSHIP SITES FOR A MOBILE CLOTHING BOUTIQUE SERVING WOMEN ENTERING THE WORKFORCE BY

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DRESS FOR SUCCESS PITTSBURGH (\$25,000) WILL EXPAND ACCESS TO INTERVIEW AND CAREER OUTFITS AND SUPPORT. FOR FAMILIES EXPERIENCING A SHORT-TERM FINANCIAL CRISIS, FOOTBRIDGE FOR FAMILIES (\$60,000) WILL OFFER A RAPID AND SECURE RESPONSE BASED ON A REFERRAL SYSTEM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSULTATION. THE AVERAGE AWARD WAS \$44,000, BUT THE AMOUNT OF THE AWARDS RANGED FROM \$12,000 TO EQUIP STUDENTS OF AN ADULT LITERACY PROGRAM WITH LAPTOPS TO \$200,000 SUPPORTING THE OPERATION OF SEVERAL STAFFED COMMUNITY LEARNING HUBS FOR STUDENTS TO USE ON REMOTE LEARNING DAYS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEW STRATEGIC PLAN AT ITS DECEMBER 2020 BOARD MEETING, JEFFERSON REGIONAL FOUNDATION ADOPTED A NEW THREE-YEAR STRATEGIC PLAN AFTER A THREE-SESSION REMOTE BOARD RETREAT AND SEVERAL MONTHS OF WORK. THIS PLAN WAS INFORMED BY A THIRD-PARTY STAKEHOLDER SURVEY AND INTERVIEWS, BOARD AND GRANTEE INSIGHTS, AND COMMUNITY DATA GATHERED FROM ONGOING COMMUNITY ENGAGEMENT EFFORTS INCLUDING COMMUNITY CONVERSATIONS, AN ANNUAL FORUM EVENT AND A 100+ MEMBER NETWORK OF NONPROFITS HOSTED BY THE FOUNDATION. THE FOUNDATION CONFIRMED KEEPING ITS MISSION AND OBLIGATIONS TO THE COMMUNITY FRONT AND CENTER.

THE FIVE STRATEGIC GOALS INCLUDE:

1. INVEST THROUGH GRANT-MAKING AND COMMUNITY ENGAGEMENT STRATEGIES IN SIX NEW PRIORITIES (NOTED IN PART III, LINE 1A)
2. CONTINUE TO FOCUS ON THE JEFFERSON HOSPITAL LEGACY SERVICE AREA (COMMUNITIES OUTSIDE OF THE CITY OF PITTSBURGH BUT IN ALLEGHENY COUNTY)

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3. PURSUE PARALLEL GOALS OF ADDRESSING COMMUNITY NEEDS WHILE MAINTAINING AN EQUIVALENT LEVEL OF PHILANTHROPIC RESOURCES TO HELP FUTURE GENERATIONS ADDRESS THE NEEDS OF THEIR TIME.

4. APPLY A LENS OF DIVERSITY, EQUITY, AND INCLUSION IN EVERY ASPECT OF OUR WORK IN THE COMMUNITY AND ACROSS OUR INTERNAL PRACTICES.

5. SUPPORT A CULTURE OF LEARNING AND CONTINUOUS IMPROVEMENT IN OUR GOVERNANCE PRACTICES, INTERNAL SYSTEMS, AND EVALUATION.

THE ACTION PLAN WITH SPECIFIC OBJECTIVES AND INDICATORS IS NOW BEING INTEGRATED AND IMPLEMENTED ACROSS THE BOARD'S STANDING COMMITTEES AS WELL AS A DEI TASK FORCE. THE BOARD'S DEI TASK FORCE DEVELOPED A PLAN AND PRINCIPLES, HOSTED A BOARD EQUITY BOOK CLUB, AND OFFERED ACCESS TO BOOKS, ARTICLES, AND TRAININGS. THE BOARD ALSO BECAME MORE DIVERSE AS NEW MEMBERS WERE WELCOMED. IN ONE FISCAL YEAR, THE BOARD MOVED FROM BEING ALMOST EXCLUSIVELY MALE (18/2) TO AN IMPROVED REPRESENTATION (13 MEN/7 WOMEN). AS THIS RETURN WAS PREPARED, THE BOARD ALSO INCLUDED TWO PEOPLE OF COLOR (10%) AND HAS A COMMITTED TO CONTINUING TO BUILD ITS DIVERSITY WHILE ATTRACTING CANDIDATES WHO CAN CONTRIBUTE INTERESTS, SKILLS, AND EXPERTISE WITH A COMMITMENT TO THE JEFFERSON AREA. THE MAJORITY OF THE BOARD LIVE AND WORK IN THE JEFFERSON AREA.

THE STRATEGIC PLAN AFFIRMED THE FOUNDATION'S ROLE IN EXTENDING THE MISSION OF JEFFERSON HOSPITAL IN COMMUNITY GRANTMAKING AND THROUGH ITS EXPANDING COMMITMENT TO COMMUNITY ENGAGEMENT ACTIVITIES. THESE ARE HIGHLIGHTED BELOW.

THE JEFFERSON COLLABORATIVE WAS INITIATED IN THE FALL OF 2015 IN RESPONSE TO THE REQUEST OF LOCAL NONPROFITS AND HAS CONTINUED TO EVOLVE WITH QUARTERLY MEETINGS WHICH HAVE GROWN TO AVERAGE 97 PARTICIPANTS, ONGOING ACTION TEAMS AND 100+ MEMBER ORGANIZATIONS OF THIS NETWORK OF ORGANIZATIONS COMMITTED TO HEALTHY COMMUNITIES IN THE JEFFERSON AREA. A

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SEVENTEEN-MEMBER VISION COUNCIL MEETS QUARTERLY TO PROVIDE LEADERSHIP TO THE COLLABORATIVE AND HAS REPRESENTATION FROM KEY INSTITUTIONS AND DIVERSE STAKEHOLDERS INCLUDING THE COO OF JEFFERSON HOSPITAL/AHN. THE FOUNDATION AND COLLABORATIVE PUBLISH A JEFFERSON COMMUNITY DIRECTORY UTILIZED BY JEFFERSON HOSPITAL STAFF WHICH IS A RESOURCE GUIDE FOR KEY STAKEHOLDERS IN THE AREA AND IS NOW IN ITS THIRD PRINT EDITION AND AVAILABLE ON OUR WEBSITE.

THE FOUNDATION STAFF INCLUDES A FULL-TIME COMMUNITY ENGAGEMENT MANAGER TO SUPPORT THE JEFFERSON COLLABORATIVE AND OTHER COMMUNITY ACTIVITIES OF THE FOUNDATION. SIGNIFICANT ACCOMPLISHMENTS OF OUR COMMUNITY ENGAGEMENT DURING THIS FISCAL PERIOD INCLUDE:

THE JEFFERSON COLLABORATIVE EXPERIENCED 13% GROWTH SINCE 2020 DURING THE PERIOD WHEN EVENTS WERE ALL VIRTUAL AND HAS NOW GROWN TO A DYNAMIC 108-MEMBER NETWORK OF ORGANIZATIONS REPRESENTING NONPROFITS AND CIVIC ORGANIZATIONS SERVING THE JEFFERSON AREA. NEW ACTION TEAMS MET THROUGHOUT THE YEAR TO FOCUS ON KEY AREAS OF DIVERSITY & EQUITY/RACIAL JUSTICE AND CIVIC & POLICY ENGAGEMENT AND WERE IMPLEMENTING THEIR PLANS. THE DEI TEAM OFFERED A DAYLONG TRAINING IN IMPLICIT BIAS ATTENDED BY 60 COLLABORATIVE ORGANIZATIONS. THE CIVIC ENGAGEMENT TEAM HAD SEVERAL MONTHS OF TRAINING FROM A LOCAL ADVOCACY EXPERT AND IS COMPLETING THE DEVELOPMENT OF A CIVIC/POLICY PLAN FOR THE COLLABORATIVE.

COLLABORATIVE PROGRAMMING TOPICS INCLUDED: PURSUING EQUITY AND CHANGE THROUGH COLLECTIVE ACTION, EXPLORING TRENDS AND EQUITY IN OUR NONPROFIT SECTOR, AND A NEW MEMBER VIRTUAL NETWORKING EVENT CALLED COLLABORATIVE CONNECT.

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JEFFERSON FORUM:

LARGEST JEFFERSON FORUM (7TH ANNUAL CONFERENCE) TO DATE WITH THEME OF EMBRACING TRANSFORMATION ATTRACTED 370 PARTICIPANTS AND 210 ORGANIZATIONS INCLUDED: TRABIAN SHORTERS AS OUR NATIONALLY KNOWN FORUM SPEAKER ON ASSET-FRAMING FOR EQUITY, SEVEN EVENTS THROUGHOUT MAY IN OUR SECOND VIRTUAL FORUM WITH 20 LOCAL EXPERTS AND LEADERS, AND GREAT IMPACT WITH SURVEYS SHOWING 100% OF KICK-OFF ATTENDEES LEFT FEELING INSPIRED AND WHILE 100% FELT FORUM WAS BENEFICIAL, 73% STRONGLY AGREED. EXPENSES \$ 571,014. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER GARY L. EVANS IS THE SPOUSE OF BOARD MEMBER KAREN A. EVANS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINAL VERSION OF THE 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW. INFORMATION AND ITEMS CAN BE CLARIFIED AND CONFIRMED WITH EXECUTIVE MANAGEMENT AND OTHER MEMBERS OF THE BOARD. CORRECTIONS AND CLARIFICATIONS ARE SUBMITTED OR SUGGESTED PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE CONDUCTED AND MAY INCLUDE ASSISTANCE FROM OUTSIDE ADVISORS TO ENSURE JEFFERSON REGIONAL FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS. A DISCLOSURE PROCEDURE OUTLINED IN THE CONFLICT OF INTEREST POLICY INCLUDES SUBMISSION OF THE ANNUAL DISCLOSURE STATEMENT AS WELL AS LETTERS, MEMOS, OR OTHER DISCLOSURES TO THE BOARD. THIS PROCEDURE IS MONITORED BY OTHER MEMBERS OF THE BOARD AS WELL AS LEGAL COUNSEL. THE SCOPE OF COVERAGE FOR THE CONFLICT OF INTEREST

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POLICY IS DIRECTED TOWARDS "POTENTIALLY INTERESTED PARTIES" INCLUDING, BUT NOT LIMITED TO: DIRECTORS, OFFICERS, KEY EMPLOYEES, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS, PERSONS WHO HAVE AUTHORITY TO ENTER INTO CONTRACTS OR AGREEMENTS, PERSONS WITH ACCESS TO RESTRICTED, SENSITIVE OR CONFIDENTIAL INFORMATION WHICH COULD BE VALUABLE TO NON-JEFFERSON REGIONAL FOUNDATION ENTITIES, AND PERSONS WITH A SIGNIFICANT FINANCIAL INTEREST OR INFLUENTIAL INTEREST. JEFFERSON REGIONAL FOUNDATION PRESIDENT, BY AUTHORITY OF THE BOARD, IS THE DESIGNATED ADMINISTRATOR FOR INTERPRETATION AND IMPLEMENTATION OF THIS POLICY AND ALL PROCEDURES RELATING TO IT. FAILURE TO COMPLY WITH THIS POLICY MAY INCLUDE A DETERMINATION FOR THE POTENTIALLY INTERESTED PARTY TO SEVER ALL TIES WITH JEFFERSON REGIONAL FOUNDATION.

THE GOVERNANCE COMMITTEE, AS DOCUMENTED IN ITS, CHARTER, HAS ADDITIONAL OVERSIGHT TO DEVELOP AND UPDATE CONFLICT OF INTEREST AND ETHICAL GUIDELINES FOR THE BOARD, PROVIDE BOARD EDUCATION ON THESE MATTERS AND MAKE RECOMMENDATIONS REGARDING UPDATES OR IMPLEMENTATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES OVERSIGHT OF THE COMPENSATION PROCESS AS IT IS DESIGNATED TO SERVE AS PERSONNEL COMMITTEE. THE COMMITTEE IS LED IN PERSONNEL FUNCTIONS BY THE PRESIDENT OF THE FOUNDATION. AS PART OF ITS ENGAGEMENT WITH THE FOUNDATION, AN OUTSIDE CONSULTING FIRM WHICH SPECIALIZES IN NONPROFIT TALENT MANAGEMENT PROVIDED COMPARABLE COMPENSATION INFORMATION FOR THE FOUNDATION'S KEY COMPENSATED POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR AND DIRECTOR OF GRANTMAKING & STRATEGY.

TWO PRIMARY SOURCES ARE USED TO DEVELOP BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON

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FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED BY A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDES DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS ALL OF THIS INFORMATION IN DETERMINING COMPENSATION, MAKES ITS DETERMINATIONS, AND FULLY REPORTS ITS DELIBERATIONS AND ACTIONS DIRECTLY TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED VIA BOARD AND COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE. THE FOUNDATION ALSO PRODUCES AN ANNUAL REPORT OF GRANT AWARD INFORMATION WHICH IS DISTRIBUTED IN PRINT FORM AND IS AVAILABLE ON THE FOUNDATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY CAN BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUNDED/CANCELLED GRANTS FROM PREVIOUS YEARS	79,000.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEFFERSON HOSPITAL - 25-1260215 P O BOX 18119; COAL VALLEY RD PITTSBURGH, PA 15236-0119	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	ALLEGHENY HEALTH NETWORK		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.